Center for Family Medicine, P. A.
1906 W US Highway 82
Sherman, TX 75092
P) 903-892-8398
F) 903-892-6665

Christian A. Cooper, MD
Jasyn H. Haney, MD
Bradley G. Hodge, MD
John E. Kenworthy, DO
Tyler M. Ockwig, DO
Helen A. Schulze, MD
Ronald A. Woods, MD

Bethany K. Boatner, PA
Susan D. Handlang, NP
Lacie D. Mitchell, PA
Lillian Moreno, PA
Karen L. Young NP

Authorization to Release Medical Records

Patient Name: _____ Date of Birth: _____
Address: _____
Phone #: _____

Please release records **FROM**: _____
Complete Address: _____
Phone #: _____ Fax #: _____
Email: _____

Please release records **TO**: _____
Complete Address: _____
Phone #: _____ Fax #: _____
Email: _____

Description of information to be released:

- ☐ Complete Medical Records
- ☐ Office Notes
- ☐ Lab Results
- ☐ EKG's
- ☐ Immunization Records
- ☐ X-ray Reports
- ☐ Other: _____

Please provide date range of records being requested: _____

Are you changing physicians? ☐ Yes Or ☐ No
Reason for request: _____

Name of person authorizing this disclosure (Please print): _____
Relationship to patient: _____ Phone #: _____
***Signature:** _____ Date of Request: _____

Please check one: ☐ Mail Records ☐ Fax ☐ Email ☐ Pick up paper copy

* ___(Initial) I have read and understand that the information authorized for disclosure may include records regarding mental health (including Psychotherapy notes) and/or may indicate the presence of a communicable or non-communicable disease.
* ___(Initial) I have read and understand that this request shall remain in effect until revoked in writing by patient or other authorized individual.
* ___(Initial) I have read and understand that I should allow at least 15 business days for completion of this request.

Revised 12/22/2023